



THE VILLAGE AT BROOKWOOD
EMERGENCY INFORMATION

Resident _____ **Date** _____

Spouse _____ **Phone** _____

Address _____

Date of Birth _____ **Date Moved to TVAB** _____

Social Security # _____ **Medicare #** _____

Hospital of Choice _____

Health Insurance Co. (attach copy of card) _____

Policy Number _____

Allergies _____

List Medications You Are Currently Taking _____

Brief Medical History (with dates and current status) _____

Specialists you see _____

Primary Physician _____

Address _____ Phone _____

Long Term Care Insurance Information:

Policy Name _____

Policy Number _____

Relative or friend to notify in case of emergency:

Name _____ Relationship _____

Address _____

Home Phone _____ Work Phone _____

Name _____ Relationship _____

Address _____

Home Phone _____ Work Phone _____

Do you have a living will? Circle one: YES NO

Do you have a Health Care Power of Attorney? Circle one: YES NO

If yes, please provide the Health Clinic and Administration with a current copy. Keep your original in a fire-proof box in your home (not in a safe deposit box).

Is anyone legally empowered to act on your behalf? Circle one: YES NO

If yes, Name: _____ Phone _____

Address _____

Church or Synagogue _____ Phone _____

Funeral Home to notify _____ Phone _____

Organ Donor Information _____
(attach copies of pertinent information)

In event of an emergency (i.e, power outage), would you be willing to share a spare bedroom with a fellow resident? Circle one: YES NO